

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024132

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** NEIGHBORHOOD RESTORATIONS, LLC

**Current Principal Place of Business:**

609 11TH AVE S  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 76158  
ST. PETERSBURG, FL 33734

**New Mailing Address:**

**FEI Number:** 20-0111964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHRISTOPHER C. SANDERS, P.A.  
2837 1ST AVENUE N.  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSEN, LEONARD  
Address: 609 11 AVE S.  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGR ( ) Delete  
Name: BARRETT, THOMAS  
Address: P.O. BOX 76158  
City-St-Zip: SAINT PETERSBURG, FL 33734

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** LEONARD W JOHNSEN

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date